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Short literature notices

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Agar, N., 2010. *Humanity's End. Why We Should Reject Radical Enhancement*. Cambridge, MA: MIT Press. 224 pages. ISBN: 978-0262014625. Price: U$S 32

In *Humanity's End,* Nicholas Agar challenges proponents of radical enhancement. He argues that some enhancements can be a threat to humanity and therefore should be rejected. For him, radical enhancement could kill us, distort some of our values, and bring a tyranny of posthumans over humans.

In the first two chapters, he defines radical enhancement and introduces the notion of "species-relativism." Radical enhancements are interventions such as uploading and SENS (strategies for engineered negligible senescence) which can turn us into posthumans. Agar argues that humans should not become posthumans because "certain experiences and ways of existing properly valued by [humans] may lack value for the [posthumans]" (13). Looking at reproduction, he offers a species-relativist argument that posthumans will likely not be able to reproduce with *Homo sapiens.* He sees this as a threat to our shared humanity. He argues that "reproductive barriers set the boundaries for an important collection of values, and that we should recognize radical enhancement as infringing on these values" (21). Therefore, shared human values put limits on enhancement.

From chapter three to eight, he outlines and replies to "four would-be radical enhancers" (Ray Kurzweil, Aubrey de Grey, Nick Bostrom, and James Hughes). Kurzweil envisages *uploading* our mind from brain to machine. Agar thinks that uploading is irrational as one will not be able to know whether or not it works. Moreover, if it does not work, it might kill us. Aubrey de Grey seeks to stop aging and increase our life-span. In order to achieve this at a cellular level, de Grey proposes the removal of the telomerase gene from every bodily cell. He is aware of the many difficulties that arise from this, but has some hypothetical solutions for each. Not answering whether or not this is feasible, Agar reframes the discussion and asks if it is beneficial to live forever. For him, it is problematic, because a posthuman lifestyle might not be worth it after all. Bostrom claims that rejecting radical enhancement is immoral, irrational, and maybe both. For him, posthumans will enjoy and share similar values that the ones held by opponents of enhancement. Agar disagrees with this claim and outlines that Bostrom's values would rather favour the rejection of radical enhancement. Hughes suggests a "democratic transhumanism" that would ensure a peaceful co-habitation between apes, humans and posthumans, based on the idea that they are all persons. Agar's reply is that "once posthumans come into existence, they may view humans as morally required to defer to them, to permit our interests to be sacrificed to promote theirs. Thus, the path of radical enhancement for some humans significantly threatens the interests of other humans" (152). Agar's remark is on target: who knows, after all, if a posthuman society will embrace a democratic transhumanism? Some might rather be tempted to become posthumans to exert their power over other humans.

In the concluding chapter, *Humanity's End* presents "some good news about remaining 'merely' human" (179). Agar warns us that the problem of radical enhancement is that of alienation from ourselves, our children, and elite athletes.

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Overall, the book is well organized, well researched and easy to follow. Readers will even appreciate some humorous passages (see pages 90, 122, 153). *Humanity's End* is a well needed contribution to a debate in which pro-posthuman arguments start to abound. Agar brings the helpful perspective that the future hoped for by proponents of radical enhancement might not be so great after all. Fortunately, Agar argues that "humanity isn't just what we get left with once we've said no to Kurzweil, de Grey, Bostrom, and Hughes. It's something worth celebrating" (179). Not all enhancements have to be accepted. Each has to be assessed on its own.

However, Agar's critique may have some challenges to answer, as some might still be willing to sacrifice their lives to become posthumans. First, his rebuttal of uploading may be unconvincing. One can imagine that, after a long-lived and fulfilled life, someone will try to upload herself. Acknowledging that she will die soon anyways, why not take the risk? Even knowing she will be separated from the rest of humanity, she might prefer to be alienated and alive than dead. If someone else imitates her, her alienation might be lessened. Second, while a critique of de Grey is needed, Agar's attempt is not entirely satisfying. De Grey's posthumans might not be as heavenly as he envisages them. Nonetheless, one might still prefer this lifestyle to the alternative (death). Moreover, as new technologies come, new behaviors and values are created and *Homo sapiens* may adapt.

In conclusion, in my view, Agar is basically right: radical enhancement could bring death, could alter some human values, and could bring tyranny. But some might be tempted to risk their lives, to change their values and to access power over other humans. Therefore, we will gain in evaluating whether we value more our humanity or our posthumanity and whether sacrificing our lives would be worthwhile. *Humanity's End* is the right book to start this assessment. I recommend this book as a well-needed critique of radical enhancements by a leading scholar in this debate. Reading Agar's earlier book *Liberal Eugenics* will be a great complement for those who wish to get the whole picture of his position in this debate.

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Van Lommel, P., 2010, *Consciousness Beyond Life. The Science of the Near-Death Experience.* New York: HarperOne. 442 pages. ISBN 978-0061777257. Price: £ 11.89

Pim van Lommel is a Dutch cardiologist who has studied near-death experiences (NDE) for more than twenty years. In 2001 he published in *The Lancet* the results of one of the largest prospective studies that have been conducted up to now in this field. In *Consciousness Beyond Life*, which is a translation of a volume originally published in Dutch (*Eindeloos Bewustzijn)*, he explains that he was impressed by the number of his patients who, after a cardiac arrest, reported having lived an ineffable experience, which was strikingly similar in most cases: the awareness of being dead; a profound feeling of peace and well-being; the sense of being placed outside time and space; the perception of one's body from an outside position; the sense of travelling through a 'tunnel' towards an exceptionally brilliant and friendly light; the perception of an unconditional love; and a very detailed review of their whole lives. Some patients were even able to give a precise account of the conversations that took place, as they were still unconscious, between members of the medical team in the intensive care unit, or between relatives in the waiting room of the hospital. Interestingly, after such an experience, most patients' personalities underwent a radical change: they lost any fear of death, began to have a heightened sense of purpose in their lives, and became more compassionate and caring with others.

Van Lommel explains that he was specially intrigued by this phenomenon because, according to dominant medical concepts, it is absolutely impossible to experience any kind of consciousness when the circulation and breathing have ceased, the brain does not work any more, and the patient is clinically dead. In his book, he examines in detail the various physiological and psychological theories about the origin of NDE that have been proposed. Some think, for instance, that the experience is caused by physiological changes in the brain such as brain cells dying as a result of cerebral anoxia, or caused by release of endorphins. Others claim that NDE could be the result of a sort of hallucination caused by some drugs. Van Lommel discards these theories as they are unable to fully explain all the features that characterize this phenomenon. In his view, we must acknowledge that we are dealing here with something that seriously challenges the current (too narrow and mechanistic) view that sees consciousness as a mere product of brain function. His hypothesis is that, in reality, things are the other way round: the brain does not produce consciousness but rather facilitates it; the brain operates as an "interface" or "relay station" of our consciousness. He compares metaphorically the brain to a television's receiver picking up information from an electromagnetic field. According to van Lommel, "whereas our waking consciousness has a biological basis because our body functions as an interface, there is no biological basis for our endless and nonlocal consciousness, which has its roots in nonlocal space. Waking consciousness is experienced via the body, but endless consciousness does not reside in our brain" (p. 318).

Clearly, Van Lommel's hypothesis puts into question the dominant understanding of the brain-consciousness relationship. If he is right in his analysis, we should begin

to consider ourselves as something more than merely physical bodies, much more than the expression of a particular DNA or of a complex web of neuronal interaction, because the very core of our personhood has a *non-material* nature. Obviously, this conclusion has tremendous existential implications that go far beyond the limits of a merely academic debate.

Whatever conclusions we might draw from this phenomenon, it seems well that it deserves to be seriously analyzed, and no more regarded as a taboo subject. Several empirical studies on NDE have been conducted in recent years showing the striking consistency of near death experience accounts across countries and cultures (see, for instance, the studies by Bruce Greyson in the US and by Sam Parnia in the UK). Van Lommel's book is an important step in this direction and can perhaps contribute to a better explanation of the brain-consciousness relationship, and, maybe, of what it ultimately means to be a "self".

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Selgelid, M., Pogge T., 2010, *Health Rights*. Farnham: Ashgate. 429 pages. ISBN 978-0754627944. Price: £ 130

Michael Selgelid and Thomas Pogge provide us with an extensive collection of essays on *Health Rights.* Their contribution meets a persistent demand, since discussions about the normative status of health tend to be impeded by reoccurring confusion about what the idea of health related rights is about. The most influential source mentioning a right to health is the preamble of the constitution of the WHO. However, the statement of a right to health encounters practical difficulties and has been subject to a variety of reinterpretations. Thus, addressing the concept of health rights remains philosophically, ethically and politically important. The answer to the question of whether health rights are to be understood in terms of the right to a certain condition, the right to certain services, or the right to social equality with regard to health, has wide reaching normative consequences.

Selgelid's and Pogge's volume comprises 25 previously published essays on different issues related to health rights, accompanied by a short introduction and a general overview of the essays. All of the texts are reprinted in the layout and pagination of their original publication in journals and collections. Except for the essays that introduce into the basic concept of health rights, most of the texts are not older than ten years. The collection is divided into 5 parts, covering different levels of analysis from the conceptual basis of health-related rights to the discussion of urging practical issues related to health rights.

The first part deals with the theoretical foundations of what is mostly referred to as a right to health. The essays in this part can be considered as classics. The articles by Fried, Beauchamp and Faden, Daniels, Buchanan, Brock, O'Neill, and Hessler give a comprehensive overview of what can be understood by "health related rights" as opposed to a "right to health", and what philosophical difficulties are linked to these concepts. The second part contains two essays that analyze the link between health and human rights, and articulate different conceptions of their interdependence. The third part deals with the role of health rights in global bioethics and public health ethics. Marks introduces to the legal and normative notion of the human right to health. Mann shows that those branches of bioethics that focus on public health can profit from the application of a human rights framework. Five more essays in this section deal with the demands that pressing global inequalities in health pose. The last two parts are dedicated to urging health issues. Part four continues the discussion on global health by focusing on intellectual property rights in pharmaceuticals. The essays explain the practical realities of international patents on drugs and their negative impact on global public health. Finally, part five of the collection deals with a variety of concrete applications of health rights: HIV/AIDS, tuberculosis, and gender discrimination. In the final essay, Kopeman takes a concluding view on the status of human rights claims in terms of universal norms and defends it against conventialist and relativist objections.

Selgelid's and Pogge's collection leads a well structured path through the complex matter of the foundations of health rights and the practical complexities that are encountered in their realization. *Health Rights* offers a useful and balanced insight into a debate that is philosophically and politically challenging, and ethically indispensable.

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Mol A., Moser, I., Pols, J. (eds.), 2010, *Care in Practice. On Tinkering in Clinics, Homes and Farms.* Bielefeld: Transcript. 326 pages. ISBN 978-3837614473. Price: € 35,80

Although care is central to daily life, it has not been studied in the academic world for so long. Only recently this is changing, and the editors of this book intend to stimulate and strengthen this process. They also alert us that to understand care and care practices we have to look beyond rules and regulations, and search for the heart of care by describing how care is realized in the practices that have to do with care. The editors composed articles on various care practices within the scope of farming, health care and care for people who are old or who cope with disabilities. They selected three themes that could be seen as a sort of framework of the

subjects discussed in the contributions. The first is referred to as '*public and private*'. Given words to care in practices means making it public, but at the same time we need to realize that the use of words also has its limits. It helps to develop insights and could strengthen good care, but always is a process of tinkering. The second theme that is intertwined in the articles is '*the good, the bad and the ambivalent*'. Giving detailed descriptions of the practices illuminates which qualities and values are involved and is considered as a first step to improve care practices. It opens questions related to the quality of care, becoming aware of the complexities and ambivalences that are interwoven in practices. Detecting ambivalences makes care an ongoing negotiation how to balance different (contradicting) values. Again, a matter of tinkering. The third theme refers to the intertwinement of technology and care; '*technology and humanness*'. These areas no longer can be seen separately; they influence and construct each other constantly.

The contributions in this book all start with an ethnographical way of describing practices. They illustrate clearly how care relationships could change during specific interventions and care processes. For example the article by Brit Ross Winthereik and Henriette Langstrup is a good example of this. They conducted research on the implementation of a web-based record for maternity care aiming to stimulate the pregnant women to become more 'active patients'. But in the end this project resulted in that the pregnant women would stimulate the health care professionals to take their responsibilities in using the electronic records. It reconfigured the relations between the 'patients' and the health care professionals in a surprising way. Another contribution, by Myriam Winance, illustrates the tinkering search in testing out wheelchairs for persons. The stories illustrate that care is shared work; moving beyond theories of care ethics and disability studies. Care also includes modulating relationships to tinker into a good balance between all persons that are involved.

This book can be considered as an important contribution in the research of care in practice. It moves beyond theories of care by choosing practices as starting point to evaluate and improve theoretical insights. This approach is able to present new and surprising insights and for that it is valuable for every qualitative researcher in care practices.

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Wild, V., 2010, *Arzneimittelforschung an schwangeren Frauen. Dilemma, Kontroversen und ethische Diskussion*. Frankfurt am Main: Campus Verlag. 256 pages. ISBN 978-3-593390536. Price: € 32,90

In her book on medical research on pregnant women, Verina Wild sheds light on the therapeutic dilemma pregnant women face: to protect them and their offspring they are almost categorically excluded from any clinical trial. Thus, due to lack of data, they are barred from medical progress and do not have access to the best available therapies. Wild first presents a systematic and historical overview of medical research and therapy for pregnant women with a special focus on Switzerland and Germany (33–83). The 1960s thalidomide-related events are pivotal to the paradigm change. Research with pregnant women has since been regarded as unethical. This dogma has remained unchallenged for almost half a century. Only recently controversy on the inclusion of pregnant women in clinical trials has flared up again. Wild shows on the basis of literature reviews and expert interviews with gynaecologists that German-speaking countries are lagging far behind in this debate. Astonishingly, the ethical 'taboo' is not generally called into question while considerations of commercial and liability risks prevail in actual decision-making.

In the second part of her book (85–106) Wild examines several legislative instruments and guidelines on medical research with pregnant women. The most liberal regimes are proposed by the Council for International Organizations of Medical Sciences guidelines (CIOMS 2002) and 2005 US federal legislation. Wild includes interpretations of the 2009 draft of the Swiss federal law on research with human subjects (*Humanforschungsgesetz*) and highlights the patent lacunae in German regulation. In addition, in the third part of her book (107–164), she offers an example of how empirical research and theoretical reasoning can meaningfully complement each other in biomedical ethics. Thirty qualitative interviews with pregnant women illustrate the problems they encounter when faced with therapy-related decision-making.

In the last and most original part of her book (165–207), Wild proposes a multi-tier taxonomy for the inclusion of pregnant women in medical research. She distinguishes between unproblematic and problematic study types according to their risk profiles and the expected benefit for the women and/or fetuses involved as well as the group of pregnant women (173–175, 204–206). Wild develops the notion of "double unity" (190) to capture the unique character of the feto-maternal relationship and questions the alleged per se vulnerability of pregnant women. While the predominant concept of vulnerability builds on impaired decision-making capacities or increased exploitation risks, Wild argues in favour of a concept of "situative vulnerability" (198) and contends (188–193) that if the prevailing interpretation of vulnerability cannot be upheld,

autonomous decision-making by pregnant women need not be challenged (neither for herself nor for her fetus). Hence, there is no room for paternalistic protectionism even with regard to minimal risk studies that lack the prospect of direct benefit.

A synopsis of her main theses and an English-language summary round off Wild's book (209–214) and make it easily accessible for both hasty and non-German speaking readers. Ideally, the book will stimulate public discussion so that policy-makers realise that the dogma to exclude pregnant women from all kinds of clinical trials is ethically unjustified and can no longer be upheld in an undifferentiated way.

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Benatar, S. and Brock, G. (eds.), 2011, *Global Health and Global Health Ethics*. New York: Cambridge University Press. 342 pages. ISBN 978-0521146677. Price: € 45.99

One of the most pressing and serious problems of our increasingly globalized world is the poor state of global health. It concerns not only biomedical or general ethics, but also political philosophy, since it presupposes basic issues of moral and political responsibility. In order to justify claims of responsibility and, at the same time, to identify alternative courses of action to deal with this problem, a range of scientific disciplines have to work together. If we want to know how issues of social justice and political economy do have impact on the distribution of health, it is evident that not only medicine and philosophy have to make their contribution, but that also the input of social sciences and economics is needed.

In this volume, the reader will find thirty papers (introduction included) covering the various disciplines and addressing many different topics which are related to the questions of why global health is actually in such a poor state, and how we might be able to improve this situation. Among the topics covered in this volume are infectious diseases, climate change, biotechnology, food security and the structures of trade and foreign aid. Behind this variety of topics there are two themes uniting the contributions to this volume: Firstly it is asked in which way we exacerbate poor global health; and secondly it is discussed what should be done to remedy the factors identified. Furthermore, and this is no surprising, another common factor is the conviction of all contributors that we (mainly in the western world) are morally and politically responsible for this sad situation and therefore are also in charge to contribute overcoming the poor state of global health.

It is not the main aim of this volume to develop ethical arguments to establish that we are morally in charge (although some papers deliver arguments for this, too). Readers who are generally sceptic about this will not be persuaded. The strength of this volume which refers to readers from many different disciplines is that it deepens our understanding of the challenges the problem of global health poses on us, and that it allows formulating plausible tasks and measures to improve the situation. Thus *Global Health and Global Health Ethics* can and should be taken as an overview and appeal for interdisciplinary efforts and political engagement. For non-philosophers the papers analysing e. g. the concepts of justice or responsibility will be of help as will be the empirical information for philosophers. Taken together this volume is a fine demonstration how an interdisciplinary perspective can help us to understand better such a complex and burdening situation. As we all know this is an important step in overcoming the feeling of being simply helpless. Therefore this book can be regarded as a key resource for bioethicists, public health practitioners and philosophers.

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Knell, S., Weber, M.: 2009, *Menschliches Leben*. Berlin, New York: Walter de Gruyter. 221 pages. ISBN: 978-3-110219838. Price: € 24.95

In this book, Sebastian Knell and Marcel Weber explore the concept of human life with respect to its temporal boundaries and with a particular emphasis on the notion of life span extension. The book is divided into three chapters. In the first chapter (11ff), the authors explore the metaphysical questions about the unity and identity of a human life over time and the conditions of human persistence. They propose a model according to which biological individuals are in first approximation clonal groups of cells. These assemblies are functionally integrated and consist of specialized cells, which fulfil different roles towards the propagation of the whole assembly (45ff, 51). One important feature in such cell assemblies is functional integration. However, functional integration is a gradual property, it is for instance higher in a three-month embryo than in an embryo consisting of 1–4 cells. There is thus no specific criterion to determine when a living organism begins to live. They conclude that there is no clearly definable *biological* borderline between life and death (47ff).

In the second chapter (55ff), the authors analyse scientific explanations for ageing. They distinguish between proximate explanations, which describe the ageing process at molecular level, and ultimate explanations, which refer to evolutionary mechanism to explain why ageing occurs. The authors are particularly interested in the question of whether extension of human life span is possible. This is of course to a large extent an empirical question, and the

authors describe several biological observations that support the idea that life span extension might be achievable.

In the third and longest chapter (pp 109ff), the authors discuss whether it would be desirable for individual people to have extended life spans (i.e. around 140 or 150 years). They point out that to answer this question, one needs to consider various points of view: the interests of individuals, the interests of society, and the values and norms that are not dependent on interests (117f). They focus on the perspective of the individual whose life would be extended. Again, they emphasise that this is not a purely philosophical question, and they include empirical considerations in their analysis. Importantly, they distinguish between two dimensions of human welfare or quality of life (121ff): (1) *Inner-life welfare* is based on certain contents of human lives that are intrinsically good for these persons. The authors discuss three different aspects of inner-life welfare (130ff): fulfilment of preferences, hedonistic aspects, emotional relationships. (2) *"Life-holistic welfare"* stands for the positive quality of life as a diachronic whole. We refer to this type of welfare when we say of a person that he or she has "a good life". The authors consider four different criteria in order to identify a "good life" (151ff): fulfilment, success, narrative completeness and happiness. In order to determine whether it would be desirable for people to have an extended life span, the authors investigate whether an improvement considering the two types of welfare can be expected. They explain that due to unpredictable events and influences during a human life, we cannot predict an *actual* increase of welfare. However, life span extension would also be in the interest of individual persons if there were *a good chance* for an increase of welfare (126f, 142f). The authors conclude that there is a good chance that life span extension would lead to improvement of all the aspects of inner-life welfare. With respect to the various criteria of life-holistic welfare, their conclusion is less uniform. The chance for a fulfilled life could, for instance, be improved by an increased life span, whereas this is not the case for a happy life.

Readers may not always agree with the authors' assumptions and conclusions. One may for instance wonder whether it makes sense to consider the personal interests of individuals completely detached from potential consequences for society. Moreover, one could question whether it is justified to ignore potential negative consequences that an extended life span may have on the two dimensions of personal welfare. However, the fact that such questions can be formulated so specifically indicates that the authors have succeeded in one of their major aims: that of having provided a conceptual framework for the discussion of this complex issue.

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